

Foster Family Home - Corrective Action Report

Provider ID: 4-160092

Home Name: Kathleen Pascua Domingo,
NA

Review ID: 4-160092-3

74 Puukani Street

Reviewer: Lori O'Keefe

Kahului

HI 96732

Begin Date: ~~12/9/2019~~

12/13/19 J. O'Keefe RN

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1 - Recertification inspection of this 2 bed home conducted. The home was issued a corrective action report and a corrective action plan is due to CTA by 1/13/20.

Foster Family Home

Personnel and Staffing

[11-800-41]

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.c - CG#3 did not obtain in-service training hours for 2018.

Foster Family Home

Fire Safety

[11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.a - CG's #2 and #3 did not conduct a fire drill for 2018.
CG#3 did not conduct a fire drill for 2019.

Foster Family Home

Records

[11-800-54]

54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:

Comment:

54.b - Clients records contain documentation in colored ink.

Lori O'Keefe RN
Compliance Manager

[Signature]
Primary Care Giver

12/13/19
Date

12/13/19
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Kathleen Pascua Domingo
CCFFH Address: 74 Puukani Ct.
Pahului, Maui, HI 96738

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.c	deficiency cannot be corrected. Obtained 2019 inservice training for CG #3		I now Understand that less than 3 hr CG's are required to have annual inservice training and will be added to training schedule.
46.a	deficiency cannot be corrected for 2018 for 2019 CG #3 Conducted Dec. 2019 fire drill Jan 2020 will be conducted by CG #2		I understand that all CG's must Conduct a fire drill each year even if they participate in other drills.
54.b	deficiency cannot be corrected for me using colored pens.		Moving forward all Chart documentation will be in black ink. I have removed my colored pens from my pen cup.

Primary Caregiver's Signature: _____

Print Name: Kathleen Pascua Domingo

Date of Signature: 12/30/19